

Entered - 2-10-99 - sb
CL 99L0067- GWENDOLYN BURNS

CLAIM OF: WELLNESS WORKS
480 Pharr Road
P.O. 550404
Atlanta, Georgia 30355

01-R -1551

For property damages alleged to have been sustained as a result of a
sewer back up at 480 Pharr Road, NE on January 5, 1999.

THIS ADVERSED REPORT IS
APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert M. G. DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0067

Date: September 12, 2001

Claimant /Victim WELLNESS WORKS

BY: (Atty) (Ins. Co.) _____

Address: P. O. Box 550404, Atlanta, Georgia 30355

Subrogation: _____ Claim for Property damage \$ 21,288.00 Bodily Injury \$ _____

Date of Notice: 2/4/99 Method: Written, Proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 1/5/99 Place: 480 Pharr Road, NE

Department PUBLIC WORKS Division Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that it sustained property damages from a sewer back up. However, an investigation determined that the City did not have notice of any problems at this location prior to the January 5, 1999 occurrence. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 09-14-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

BURNS

02/04/99

Today's Date: 2/3/1999

ENTERED - 2-10-99 - SB
99L0067 - GWEN BURNS

** Note: Below are the damages to date. Additional expenses will be based on air quality report.

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 21,288.00 ** property and/or \$ N/A bodily injury for which I contend the City is liable.

1. Date of incident: 1/5/99 2. Time of Incident: 6:00 p.m. 3. Police called: Already on scene
(month/day/year). Yes No

4. Location of incident (including street address): Wellness Works, 480 Pharr Rd., Atlanta GA 30305

5. Name of your insurance company: State Farm Policy No. Type of loss not covered

6. State what and how incident occurred: Several hundred gallons of raw Untreated sewage
came up through toilets and flooded 90% of the building.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____ (Make) _____ (Year) _____ (Tag Number) _____ (Driver's Name)

City vehicle: _____ (Make) _____ (City Driver's Name) _____ (Department/Bureau)

9. Witness: Henry Jacobs, 650 Greenvlew Ave, Apt. 1, GA 30305 (404) 233-0208
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above. He

Henry Jacobs & Mark Merlin
Wellness Works

(Print Claimant's Name)

480 Pharr Road

(Address)

Atlanta, Georgia 30305

(City, State and Zip Code)

(404) 233-0208

(Work Number)

Henry Jacobs
64041841-1074

(Home Number)

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